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Picturing the Unusual. Uncertainty in the Historiography of Medical Photography

Abstract

The paper explores and expands the historiography of medical photography. First, it revisits historical scholarship on medical photography to demonstrate the absence of a consensus as to what counts as medical photography and what does not. Second, the paper illustrates the shortcomings of current analytical perspectives with two examples. The first picture was taken by the board of health in Honolulu in 1900 to visualise bubonic plague but resists recognition as a medical representation. The second, a 1987 picture of a person with AIDS, has been perceived as a medicalised photograph contrary to the artist's intention. Both pictures, rather than delivering diagnostic inferences sustained notions of uncertainty and unusualness. With these examples, I outline the often overlooked significance of picturing uncertainty in the historiography of medical photography. Finally, I ask if these visualisations might be better addressed as elements of experimental systems rather than as representations of disease.

Keywords: Medical Photography, AIDS, plague, experimental system

Introduction

In recent years, historians have overcome lingering ‘anxieties’ about the use of medical photographs, when writing the history of health and illness.¹ The history of medical photography is no longer ‘written out of history,’² but has seen an ever-growing body of dedicated and innovative analytical work.³ However, increased frequency of medical photographs in historical writing has not brought clarity about what we write about when we write about medical photography. Too often, authors seem to avoid rigorous definitions of these peculiar sources and rarely ask the question: what exactly constitutes a historical picture as a medical photograph? This essay aims to analyse some of the implied definitions from recent scholarship and to offer a new approach for rethinking medical photography as historical source.

¹ Sander L. Gilman, “How and Why Do Historians of Medicine Use or Ignore Images in Writing Their Histories?,” in *Picturing Health and Illness. Images of Identity and Difference* (Baltimore, London, 1995).

² Erin O’Connor, “Camera Medica,” *History of Photography* 23, no. 3 (September 1, 1999): 232–44, <https://doi.org/10.1080/03087298.1999.10443326>.

³ See for example: Christos Lynteris, *Ethnographic Plague: Configuring Disease on the Chinese-Russian Frontier* (Basingstoke: Palgrave Macmillan, 2016); Ruth J. Prince, “The Diseased Body and the Global Subject: The Circulation and Consumption of an Iconic AIDS Photograph in East Africa,” *Visual Anthropology* 29, no. 2 (2016): 159–86, <https://doi.org/10.1080/08949468.2016.1131517>; Katherine Rawling, “‘She Sits All Day in the Attitude Depicted in the Photo’: Photography and the Psychiatric Patient in the Late Nineteenth Century,” *Medical Humanities* 43, no. 2 (June 1, 2017): 99–100, <https://doi.org/10.1136/medhum-2016-011092>; Beatriz Pichel, “Reading Photography in French Nineteenth Century Journals,” *Media History* (pre-published October 9, 2018): 1–19, <https://doi.org/10.1080/13688804.2018.1530974>.

Medical photographs have been a rich archive for historical scholarship in and beyond the history of medicine. Historians have used them as windows onto the past of different medical practice and they have been understood as visual preservations of historic diseases, whose appearance has since radically changed.⁴ Scholars have worked with medical photographs to reconstruct past meanings and ways of seeing of diseases, and some have wondered to what extent medical photography has informed and influenced broader aesthetic practices of portrait photography.⁵ Medical photographs remain a peculiar source, as they seem to offer insight in both the historical shape of disease as well as the historical practices of medical expertise and care.

This essay's contribution sets off from reflections from two disparate examples, which each challenge the historiographical limitations when writing on medical photographic sources. In both cases, photographs have been experimental instruments with decisive influence over ways of seeing disease within highly contextualised settings. To explore what unites these pictures despite their geographical, medical and chronological disparity, I borrow from George Canguilhem's writings to situate medical photography as a medium that delivers

⁴ K. Aterman and J. A. Grimaud, "The Brothers Lumière. Pioneers in Medical Photography," *The American Journal of Dermatopathology* 5, no. 5 (October 1983): 479–81; Stanley B. Burns, *Early Medical Photography in America (1839-1883)* (New York: Burns Archive, 1983); Joel-Peter Witkin and Stanley Burns, eds., *Masterpieces of Medical Photography. Selection from the Burns Archive* (Pasadena: Twelvetreets Press, 1987).

⁵ Examples include Daniel M. Fox and Christopher Lawrence, *Photographing Medicine. Images and Power in Britain and America since 1840* (New York: Greenwood Press, 1988); Tanya Sheehan, *Doctored. The Medicine of Photography in Nineteenth-Century America* (University Park: Pennsylvania State University Press, 2011); John Harley Warner, *Dissection: Photographs of a Rite of Passage in American Medicine, 1880-1930* (New York: Blast Books, 2009).

notions of human life through the 'infractions of the norms,' rather than through pathological portraiture.⁶ Rather than delivering well-defined portraits of pathological specimen, I argue for medical photographs to offer visualisations of unusualness and uncertainty. It is these notions, and the photographs sustaining them, from which diagnosis, classification and representation of disease may be inferred.

Both photographs originate from two different locations struck by two different diseases that have assumed status of epidemic crisis. The first picture shows an empty street in Honolulu from 1900 (Figure 2). In the centre of the photograph are two wooden buildings, seen from a pedestrian's perspective, partially hidden behind an unpretentious wooden fence. The then famous romantic photographer of Hawaiian landscapes and royals, Frank Davey, took the picture. Doctors at the Honolulu board of health commissioned the photograph, with another 340 images, with the resulting collection offering a significant contribution to containing an outbreak of bubonic plague on the Pacific island. The second picture is a famous photograph from Nicholas Nixon's exhibition 'Pictures of People,' which opened at the MOMA in 1987 (Figure 3). The black and white print portrays Tom Moran, dressed in a hospital gown, lying propped up in a bed. Moran suffered from AIDS and died the same year the picture was taken. As part of a series of pictures showing people with AIDS, the photographer aimed to make visible the plight and suffering of people with AIDS. He wanted to give the threatening and - by 1988 - still deeply puzzling epidemic 'a face'⁷.

Both Nixon's and Davey's photographs are pictures of medical 'matters', but both deviate from scholarly expectations of medical photography. For quite some time, historians have

⁶ Georges Canguilhem, *On the Normal and the Pathological* (Dordrecht: Reidel, 1978), 118.

⁷ Bethany Ogdon, "Through the Image: Nicholas Nixon's 'People with AIDS,'" *Discourse* 23, no. 3 (2001): 75–105.

perceived the genre through a clinical lens and considered medical photographs to be those produced by physicians with the aim to capture recognizable symptoms of a well-defined disease.⁸ Without neglecting the lasting significance of this clinical practice the historian's understanding of medical photography should consider the genre both more broadly and more conceptually. Utilizing perspectives both from the historiography of photography as well as from the historiography of medical representations, I argue that the historian's perspective is best advised to deviate from the perspective of the medical sciences. Rather than to ask what a medical photograph is and *what* disease it might show, the historian should ask *when* a, or rather any photograph has become a medical photograph.⁹

Nixon's photographs share some resemblance to the aesthetics of clinical portraiture, and might be useful to showcase symptoms and signs of AIDS. The Honolulu board of health, on the other hand, sought Davey's services for the purpose to identify, catalogue and eradicate plague in Honolulu. With these two examples, the paper highlights the inadequacy of two criteria commonly used by historians to identify medical photographs. First, I challenge the notion that photographs accrue medical meanings through the intention or profession of the photographer. Nixon's portrait shows that some photographs acquire medical meaning despite their production outside of the medical profession. Second, the content of a photograph does not offer sufficient evidence to determine the medical nature of a photograph. Davey's series on plague in Honolulu shows this, as his photographs do not aspire to deliver sightings of clinical signs. The afflicted are intentionally absent, and instead focus is on the streets, houses and yards of the city. Rather than recognising visible signs of

⁸ See : A.R. Williams, "Victorian Clinical Photography," *Journal of Audiovisual Media in Medicine* 5 (1982): 100–103; Aterman and Grimaud, "The Brothers Lumière. Pioneers in Medical Photography"; Witkin and Burns, *Masterpieces of Medical Photography. Selection from the Burns Archive*; Andreas-Holger Maehle, "The Search for Objective Communication: Medical Photography in the Nineteenth Century," in *Non-Verbal Communication in Science Prior to 1900*, ed. Renato G. Mazzolini (Firenze: Leo S. Olschki, 1993), 563–86.

⁹ My gratitude to the anonymous reviewer, who generously suggested this phrasing with reference to the work of Nelson Goodman.

disease, it is the archival provenance, which suggest a historical classification of these pictures as medical photographs.¹⁰

Once, we have moved away from authorship and visual content, the question of what constitutes a medical photograph for historians allows for systematic reconsideration. In the history of photography more generally, it has been well established that neither the content, the visual style, nor the identity of the photographer establish a fixed frame of reference for the photography itself.¹¹ Scholarship has since moved towards a focus on the uses of photographs and the practices involved in making photographs useful within a 'visual economy'.¹² The question is then, what sets medical photography apart from photography at large and which theoretical considerations provide a meaningful distinction for historians?

To this end, I borrow from Elisabeth Edwards' work on colonial photography to argue that medical photographs also stem from an 'archive of uncertainty'.¹³ But beyond governing the colonised and their territories, medical photographs are implicated more generally in the

¹⁰ It is no coincidence that both photographs discussed in this paper are related to a more or less public crisis of health. One could argue that it is in these contexts, where medical photographs are most obviously begin to take on multiple meanings and functions. However, I consider it more valuable to revisit assumptions about the genre of medical photography at large from this perspective, rather than to consider these pictures as part of a categorically different kind of hygienic or public health photography. On the latter, which considers a set of different questions and is usually concerned with pictures produced for public circulation, see the contributions to David Harley Serlin, ed., *Imagining Illness. Public Health and Visual Culture* (Minneapolis: University of Minnesota Press, 2010).

¹¹ For a good overview of recent key transformations in the historiography of photography, see Elisabeth Edwards, "Objects of Affect: Photography Beyond the Image," *Annual Review of Anthropology* 41, no. 1 (2012): 221–34, <https://doi.org/10.1146/annurev-anthro-092611-145708>.

¹² Within these analytical frameworks, questions of intent and aesthetics are of course not excluded but photographs are understood to gain meaning within wider settings, including archives, collections and textual framings. See: Deborah Poole, *Vision, Race, and Modernity: A Visual Economy of the Andean Image World* (Princeton University Press, 1997); David Campbell, *The Visual Economy of HIV/AIDS*, 2008, <http://www.visual-hiv-aids.org>.

¹³ Elisabeth Edwards, "Photographic Uncertainties: Between Evidence and Reassurance," *History and Anthropology* 25, no. 2 (March 15, 2014): 171–88, <https://doi.org/10.1080/02757206.2014.882834>.

governance of pathological appearances and their distinction from inconspicuous normality.¹⁴ Edwards' analytical focus moves beyond instrumentality and over-determination, which are traditionally associated with the portraiture of a patient in clinical settings. Instead, this paper emphasises like Edwards the 'ambiguous and indeterminate modalities' of photography as a material practice, with complex and often contradictory demands made of them to perform as representations of disease.¹⁵ Edwards' work encourages historians of medical photography to interrogate the single picture's position within a larger collection of practices, assumptions and expectations. The individual photograph, according to Edwards, maintains a status of indeterminacy and it is only through collections, framings and captions that the photograph begins to communicate information.

Edwards' perspective is echoed in the work of Robin Kelsey, who writes on photography as an 'art of chance', a medium, which resists being subsumed by the photographer's intent.¹⁶ Turning to the history of photographic reporting and survey practices, Kelsey proposes to consider the repetitive and technical appearance of such photographic series as an indication of the persisting indeterminacy of its subject. Instead of extracting a 'complete and corresponding record,' such series constitute a 'graphic experiment.'¹⁷ Following this trope, a further theoretical loan for the following arguments stems from the history of experimental systems, as developed by Hans-Joerg Rheinberger. A key characteristic of experimental systems, as Rheinberger suggests, is the built-in absence of a clear picture of the very object

¹⁴ Canguilhem, *On the Normal and the Pathological*, 118.

¹⁵ Edwards, "Photographic Uncertainties," 173.

¹⁶ Robin Kelsey, *Photography and the Art of Chance* (Harvard University Press, 2015).

¹⁷ Robin Kelsey, *Archive Style: Photographs and Illustrations for U.S. Surveys, 1850-1890* (Univ of California Press, 2007), 3.

the system is supposed to reveal. Within an experimental systems the 'new is nothing as an irritation at the point where it first appears.'¹⁸ Rheinberger's appreciation of moments of excess, chance and unexpectedness, which are then turned into durable information, is of value to the history of medical photography. The analogy between experimental systems and the mechanical portrayal of disease emphasises unusualness and uncertainty not as accidental result, but rather as the technology's characteristic feature. Medical photography affixes a state of enduring excess and anomaly, a state where normality was apparently lost, but pathology not yet defined.

I will first sketch out elements of the stock narratives regarding medical photography, and cluster the most recent scholarship according to historical approaches and methodological alliances. Secondly, the integration of photographs of the third plague pandemic into the history of medical photography will encourage a crucial extension of the scope of the genre beyond its principal focus on the patient's body. The third section of the paper will turn to controversial discussions about the unintended effects of artistic portraiture to medicalise subjects in the history of AIDS, and thus engage with the paradox of a medical photography against the creator's intentions. The paper will close with a brief discussion of the challenges presented in the case of bubonic plague and AIDS to set the foundations of a wider framework to think about medical photographs in history.

¹⁸ Hans-Jörg Rheinberger, "Experimental Systems. Historiality, Narration, and Deconstruction," in *The Science Studies Reader*, ed. Mario Biagioli (New York: Routledge, 1999), 417–29.

Medical Photography in History

Medical photography is often perceived as a successor to earlier genres of visualizing pathology as it, according to Jennifer Tucker, provided a radical new 'medium of seeing' disease.¹⁹ Towards the end of the 19th century, medical photography had adopted its own visual language. The historians Daniel Fox and Christopher Lawrence wrote an influential history of the medical photographer, which created a new and pervasive 'visual concept of pathology.'²⁰ While photography found applications in histology and in bacteriology, it was mostly used as a mode of representation best suited to clinical diagnostics. The emerging convention of the clinical portrait at the end of the 19th century allowed for 'pathologists to see the diseases others had described in the dead, and clinicians to envisage and locate them in the living.'²¹ Consequently, the history of medical photography is usually addressed through the epistemological framework of clinical diagnostics, the clinical gaze, practical circumstances of hospital routine or doctors' private photographic practice. A regular staple of this historiography were the many portraits of syphilitic patients (Figure 1), which carried the stigmata of syphilis to teach dermatologists and to offer guidance in negotiating the meaning of the disease within public health.²²

¹⁹ Jennifer Tucker, *Nature Exposed: Photography as Eyewitness in Victorian Science* (Baltimore: Johns Hopkins University Press, 2005), 239.

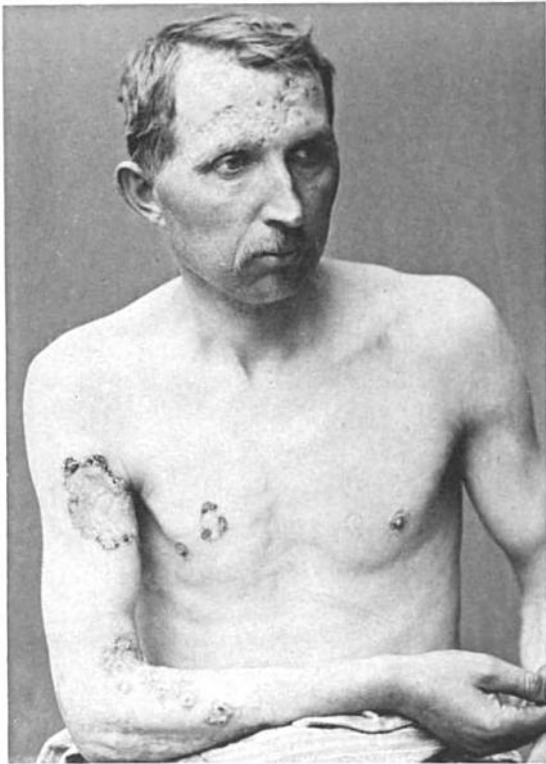
²⁰ Fox and Lawrence, *Photographing Medicine*, 23.

²¹ Fox and Lawrence, 25.

²² Sander L. Gilman, "AIDS and Syphilis: The Iconography of Disease," in *AIDS, Cultural Analysis, Cultural Activism*, ed. Douglas Crimp (Mass: MIT-Press, 1988), 87–107; Lutz Sauerteig, *Krankheit, Sexualität, Gesellschaft. Geschlechtskrankheiten und Gesundheitspolitik in Deutschland im 19. und frühen 20. Jahrhundert* (Stuttgart: Steiner, 1999); For a detailed discussion see Lukas Engelmann, *Mapping AIDS: Visual Histories of an Enduring Epidemic* (Cambridge University Press, 2018), 83 ff.

A photograph like the one used in Lesser's dermatological handbook was intended to visualise symptoms in a living patient. The patient had likely been chosen as a characteristic case of syphilis. The appearance and texture of lesions was articulated in ways deemed useful to teach the reader how to recognise them. The picture itself had been taken in accordance with aesthetic conventions of portrait photography at the time. However, the positioning of the body, the placement of the patient's arm as well as the arrangement of the light source slightly emphasised the visibility of the lesions covering his arm, chest and forehead. Importantly, the patient's face was not removed, nor did the photographer focus solely on the symptoms with for example a close-up. A traditional clinical photograph showed the disease embodied in a real case. It followed and reinstated the foundation of clinical knowledge in the individual case and framed disease in its entanglement with the person affected by it. Clinical photographs trained the eye of the clinician to improve diagnostic skills to recognize and distinguish lesions in patients. However, photographs such as this portray of syphilis also contained signs of the patient's suffering, they carried a facial expression and rendered visible the experienced stigma. Visualizing the patient as well as the condition reinstated photographically the epistemological grounding of medical knowledge production in the systematic observation of individual cases.

Tafel III.



Papulo-ulceröses Syphilid.

Figure 1 Photograph of "Papulo-ulceröses Syphilid", a traditional clinical photograph taken to illustrate the peculiarities of a symptom. However, the portray takes on further meaning within the moral economy of the syphilitic man in the late nineteenth century.²³

In 1995, cultural historian Sander Gilman identified four distinct modes, which made such photographs useful for writing the history of diseases. First of Gilman's categories describes a classic positivist account of photographs as baring witness to illness. To many historians, photographs served as evidence for medical progress, as they expose a bygone era of

²³ Edmund Lesser, *Lehrbuch der Haut- und Geschlechtskrankheiten für Studierende und Ärzte* (Leipzig: Vogel, 1886), Appendix, Plate III.

forgotten diseases, inadequate medical care and outmoded procedures. Illustrated introductions to the history of medicine use such photographs often as spectacular showcases of past illness or as evidence for the past's inadequacies in medical care.²⁴

Secondly, historians tend to see pictures as expressions of medicine's aesthetic conventions, of the past's ways of visualising a disease. The circumstances of photographic technology's integration into clinical settings were scrutinised,²⁵ its position and localisation in social structures of hospitals analysed,²⁶ and the photographic practice was foregrounded as an 'aesthetic grounding' of modern medicine.²⁷ A number of contributions have challenged notions of objectivity attached to photography and questioned the relationship between

²⁴ Alison Gernsheim, "Medical Photography in the Nineteenth Century (Part I)," *Medical and Biological Illustration* 11 (1961): 85–92; Alison Gernsheim, "Medical Photography in the Nineteenth Century (Part II)," *Medical and Biological Illustration* 11 (1961): 147–56; Williams, "Victorian Clinical Photography"; Burns, *Early Medical Photography in America (1839-1883)*; A. F. Wallace, "The Early History of Clinical Photography for Burns, Plastic and Reconstructive Surgery," *British Journal of Plastic Surgery* 38, no. 4 (October 1, 1985): 451–65, [https://doi.org/10.1016/0007-1226\(85\)90001-3](https://doi.org/10.1016/0007-1226(85)90001-3); Witkin and Burns, *Masterpieces of Medical Photography. Selection from the Burns Archive*; William Tobin, "Alfred Donné and Léon Foucault: The First Applications of Electricity and Photography to Medical Illustration," *Journal of Visual Communication in Medicine* 29, no. 1 (2002): 6–13.

²⁵ Maehle, "The Search for Objective Communication: Medical Photography in the Nineteenth Century."

²⁶ Fox and Lawrence, *Photographing Medicine*; Georges Didi-Huberman, *Invention of Hysteria. Charcot and the Photographic Iconography of the Salpêtrière* (Cambridge, Mass: MIT Press, 2003); Beatriz Pichel, "Medicine in the Photographic Studio" (SSHM 2016, Canterbury, Kent, 2016).

²⁷ John Harley Warner, "The Fielding H. Garrison Lecture: The Aesthetic Grounding of Modern Medicine," *Bulletin of the History of Medicine* 88, no. 1 (2014): 1–47, <https://doi.org/10.1353/bhm.2014.0010>.

scientific objectivity and medical visualisation.²⁸ This second strand of scholarship on medical photography is characterised through a shared interest in the cultural, aesthetic and social conventions that drove the success of photography in medical practice. Broadly interested in transformations that made photographic representations useful in diagnostics and medical communication, this body of work continues to unearth the conditions under which a photographic praxis established itself at the heart of medical ways of knowing in the late 19th century.

Gilman's third perspective integrates visual sources into the history of medicine with a focus on artistic qualities. Widening the frame, scholars surveyed aesthetic continuities between illustration and photography;²⁹ papers and books have looked closely at the interactions between the medical practice and artistic interpretations, and embedded the genre in public phenomena such as the travelling 'freak shows' which introduced an aesthetic of ugliness, as Schmidt described it.³⁰

However, beyond these established genres of the history of medical photography, Gilman already noted in 1995 a fourth perspective was emerging. Proponents of this perspective

²⁸ Lorraine Daston and Peter Galison, *Objectivity* (Cambridge, Mass.: Zone Books, 2007); Kelley E. Wilder, *Photography and Science, Exposures* (London: Reaktion, 2009); Tucker, *Nature Exposed*.

²⁹ Tobin, "Alfred Donné and Léon Foucault: The First Applications of Electricity and Photography to Medical Illustration"; Elke Schulze, "Zeichnung Und Fotografie - Statusfragen. Universitäres Zeichnen Und Naturwissenschaftliche Bildfindung," *Berichte Zur Wissenschaftsgeschichte* 28 (2005): 151–59; Carin Berkowitz, "Introduction: Beyond Illustrations:," *Bulletin of the History of Medicine* 89, no. 2 (2015): 165–70, <https://doi.org/10.1353/bhm.2015.0057>.

³⁰ Gunnar Schmidt, *Anamorphotische Körper. Medizinische Bilder Vom Menschen Im 19. Jahrhundert* (Köln: Böhlau, 2001).

argued for a relationship between the history of photography and of medical knowledge that was more intimate than widely assumed. Catalysed by Charles Rosenberg's analytical emphasis on multiple framings as boundaries of the otherwise elusive entity of disease,³¹ this epistemological view of medical photography incorporated philosophical and anthropological positions. It aimed to capture the kinship between the technology and the perception of diseases in modern medicine.³² Photographs were not merely visual afterlives of a specific disease, nor a trace of the conditions of its classification but photography has come to be analysed for its productive and generative impact. Gilman has aligned his own work with this perspective, and his contributions have widened our understanding of images and photography as modes of calibrating society's attitudes to diseases. Gilman invites us to accept the visualisation beyond representational registers, so that it becomes an integral element of the political and medical economy of disease and health.³³ This is also the area in which Jennifer Tucker placed her analytical framework of photography as a mode of Victorian eye-witnessing. However, with a predominant focus on the integration of

³¹ Charles E. Rosenberg, "What Is Disease?: In Memory of Owsei Temkin," *Bulletin of the History of Medicine* 77, no. 3 (2003): 491–505, <https://doi.org/10.1353/bhm.2003.0139>.

³² Janet Golden and Charles E. Rosenberg, *Pictures of Health: A Photographic History of Health Care in Philadelphia, 1860-1945* (University of Pennsylvania Press, 1991); Charles E. Rosenberg and Janet Golden, *Framing Disease: Studies in Cultural History* (New Brunswick: Rutgers University Press, 1992).

³³ Sander L. Gilman, "The Beautiful Body and AIDS: The Image of the Body at Risk at the Close of the Twentieth Century," in *Picturing Health and Illness. Images of Identity and Difference* (Baltimore: Johns Hopkins University Press, 1995), 115–83; Sander L. Gilman, *Illness and Image: Case Studies in the Medical Humanities* (Transaction Publishers, 2014).

photography in practices of scientific, rather than medical observation, Tucker's work touches only briefly on the intricate challenges of the portrayal of pathological appearances.³⁴

To avoid the shortcomings of including medical photography within the history of scientific photography, the theoretical framework of Barthes' 'camera lucida' has proven to be a productive reference.³⁵ Erin O'Connor's outline of the conceptual conditions of the 'Camera Medica' follows from Barthes' approach and shares the strongest affinity to the argument unfolded in this paper.³⁶ Contrary to Fox and Lawrence, her work focuses on the content of medical photographs rather than the circumstances of their production. Part record, part portrait, the pictures of the 'camera medica' shifted between truth claims as an instrument of science on the one hand and aesthetic qualities of an artistic medical vision on the other. Neither just a scientific practice, nor just an art form, Erin O'Conner states instead that medical photography emerged within the nineteenth century praxis of diagnosis; a field similarly marked by competing forces between science and art.³⁷

For O'Connor, the medical photograph should be seen in its intimate relationship to the ontology of disease. Taking a picture helped to see diseases as entities with unique shapes and characteristic signs. A photograph 'treats disease as the undeniable, the incontrovertible'

³⁴ Tucker, *Nature Exposed*.

³⁵ Roland Barthes, *Camera Lucida: Reflections on Photography* (New York: Farrar, Straus and Giroux, 1981).

³⁶ O'Connor, "Camera Medica," 233.

³⁷ John Harley Warner, "The History of Science and the Sciences of Medicine," *Osiris* 10 (1995): 164–93; John Harley Warner, "The Fall and Rise of Professional Mystery: Epistemology, Authority and the Emergence of Laboratory Medicine in Nineteenth-Century America," in *The Laboratory Revolution in Medicine*, ed. Andrew Cunningham and Perry Williams (Cambridge: Cambridge University Press, 1992), 110–41.

says O'Connor, 'it images pathology as ontological certainty, as the simple fact of itself.'³⁸ Photographs earned the capacity to treat the individual appearance, the personal face of a patient, as the image of a pathological type. Each visualisation showed disease through its outward appearances on a patient's body. 'In taking illness as its subject, then, medical photography renders the person incidental to the portrait.'³⁹ The genre, O'Connor concludes, took its pervasive force from the capacity to abstract the distressing subject of diseases, while framing the perception of disease through portraits of people. Sheehan has problematized the same issue from the other end in her work on the history of American photography. Tracing the influence of clinical photography in the commercial space of the photographic portrait, she emphasises how the authority of the clinical gaze was utilised to institutionalise urban photography as a 'medical operation.'⁴⁰ Sheehan identifies photographic practice accordingly as a medium of both pathologisation and normalisation; a medium in which the visibility of the stigmata of a disease are never the exclusive condition to render the portrayed person into a patient.

How can we translate this metonymical relationship between photographic technology and the absent presence of disease to medical photographs beyond the clinical portrait? What becomes the frame through which the elusive nature of disease is seen if the picture does not display a person? And can we confidently speak of a genre of medical photography that does not picture human bodies? To elucidate these questions the first of two following example stems from photographic visualisations of the third plague pandemic. The return of this medieval scourge at the turn of the 20th century provided a global confrontation to sanitary

³⁸ O'Connor, "Camera Medica," 235.

³⁹ O'Connor, 236.

⁴⁰ Sheehan, *Doctored. The Medicine of Photography in Nineteenth-Century America*, 54.

conceptions of modern states and medical institutions. To the camera, the return of plague seemed an indefinite curiosum. Countless photographs from outbreaks all around the globe bear witness to this unusual appearance.

Archives of Uncertainty – Bubonic Plague in Honolulu, 1899-1900

Plague arrived in Hong Kong in 1894. The outbreak attracted the attention and interest of early epidemiologists, who travelled to Hong Kong in order to study the disease known mostly only through legend. Among these visitors were Alexandre Yersin and Shisaburo Kitasato, both racing to identify the infectious agent, later named as *Yersinia pestis*.⁴¹ The earliest photographs of plague in Hong Kong were largely concerned with the challenge the epidemic brought to the stability of British colonial rule. Widely circulated photographs show the Shropshire regiment carrying out deep-cleaning of the city and visualise the makeshift hospital turned into a pest-house. They also provide powerful visualisations of the alleged opposition to native living conditions, considered vulnerable to filth and disease, and as contradictions to the modern, sanitary rule of British authorities.⁴²

From Hong Kong, the epidemic reached India, where it killed over a million people by the end of the 19th century. From 1898 onwards, the global spread of the plague became a plausible

⁴¹ Yersin, "La Peste Bubonique a Hong Kong," *Annales de l'Institut Pasteur*, 1894, 662–67; Kitasato, "The Bacillus of Bubonic Plague," *The Lancet*, no. 144 (3704) (1894): 428–30; D J Bibel and T H Chen, "Diagnosis of Plague: An Analysis of the Yersin-Kitasato Controversy.," *Bacteriological Reviews* 40, no. 3 (September 1976): 633–51.

⁴² Robert Peckham, "Plague Views: Epidemics, Photography, and the Ruined City," in *Plague and the City*, ed. Lukas Engelmann, John Henderson, and Christos Lynteris (Routledge, 2018), 91–115.

prospect. Propelled by maritime trade and migration, almost every port around the world eventually saw cases of plague in its harbours.⁴³ The question most experts raised at the time was whether plague would ever breach the boundaries of modern hygiene and sanitary states, and hence if plague was indeed a threat to the West.

In 1899, the first western outbreak was witnessed in Porto, and then in quick succession reports of plague were made in Sydney, Rio de Janeiro, Buenos Aires, Honolulu, San Francisco and Kyoto. This shattered the imagined invulnerability of modern hygiene.⁴⁴ The now-apparent vulnerability of modern port cities to plague gave the photographic lens a new significance. Research commissions, such as the Indian Plague Commission were set up and inquiries were ordered in Portugal and along the American west coast. The documentation of local conditions became an essential piece of the puzzle, to understand the precise vector through which the bacterium achieved its lethal spread.

⁴³ Myron J. Echenberg, *Plague Ports: The Global Urban Impact of Bubonic Plague, 1894-1901* (New York: New York University Press, 2007).

⁴⁴ Lukas Engelmann, "Fumigating the Hygienic Model City: Bubonic Plague and the Sulfurozador in Early-Twentieth-Century Buenos Aires," *Medical History* 62, no. 3 (July 2018): 360–82, <https://doi.org/10.1017/mdh.2018.37>.



Figure 2 Photograph of plagued houses in Honolulu 1900. Hawaii State Archives, Photographic Collection, 'Bubonic Plague 1900', with permission from the Hawaii State Archives

Among the thousands of photographs taken globally, just a small number fit neatly within the traditional historical frame of medical photography. Portraits of the infamous bubo were taken by doctors, circulated and published as early as 1899. However, aside from this familiar framing of the patient, we find a second motif that characterises many, if not most, of the photographic records of plague at that time: pictures and photographic mappings of plague's

ecological landscape.⁴⁵ Figure 2 belongs to an extensive plague album of 353 similar pictures documenting the plague in Hawaii. Plague arrived in Honolulu by December 1899, perhaps because Hawaii was positioned at the crossroads of growing pacific sea trade, and therefore was particularly vulnerable to infectious diseases.⁴⁶ In the island's capital, plague mainly affected those who lived close to the docks or were workers there: invariably these groups were often Chinese immigrants. The first outbreak of plague in Honolulu claimed 71 lives and lasted until the end of March in 1900, but was halted by the accidental burning of Chinatown on January 20th, 1900. In March that same year, plague reached the US mainland and caused an outbreak in San Francisco's Chinatown, which killed 113 people, before it became a lasting endemic problem to the western USA.⁴⁷

Many photographs have been taken at plague outbreaks, which dealt with measures taken to combat the spread, or prevent a return, of the epidemic. Across the photographic archives of plague outbreaks, which are not clinical portraits, are many pictures of fumigation: disinfection of land, buildings and personal belongings. A regular sight at the time is depicted in photographs showing the demolition of buildings, and countless pictures of the purifying effects of fire. After larger outbreaks ceased, and when the focus of plague prevention shifted

⁴⁵ This term is borrowed from Ziegler, and is preferred to the usual association of this genre with hygienic space, which would implicate a sanitary mind-set. Instead, the photographs at stake here form part of the investigation into the complex ecology of plague. Michelle Ziegler, "Landscapes of Disease," *Landscapes* 17, no. 2 (July 2, 2016): 99–107, <https://doi.org/10.1080/14662035.2016.1251100>.

⁴⁶ The series can be found in the photographic collection of the Hawaii State Archives with a search for 'plague' <http://gallery.hawaii.gov/gallery2/main.php>.

⁴⁷ Lana Iwamoto, "The Plague and Fire of 1899 - 1900 in Honolulu," *Hawaii Historical Review* II, no. 8 (1967): 379–94; James C. Mohr, *Plague and Fire: Battling Black Death and the 1900 Burning of Honolulu's Chinatown* (New York: Oxford University Press, 2005).

to the rodent vector, photographs commonly dealt with the subjects of rat-trapping, rat-catching, rat-examinations and pictures of rat burrows and their breeding grounds. Such pictures were taken to document and report on the actions undertaken to maintain sanitary standards, to interrupt the spread of the epidemic or to demonstrate activities of containment and immunisation.⁴⁸

However, the majority of photographs of the Honolulu plague albums share a remarkable emptiness. They do not refer to measures and actions undertaken to curb the catastrophe of plague. Instead, the photographs show streets, alleys, houses and huts in different states of repair, sometimes with furniture left out on the streets. Every now and then, a person is present, maybe inhabitants accidentally captured in the background. Occasionally other personnel such as soldiers or members of official services enter the foreground. Patients and their ailments, catastrophic events and their effects and counter measures are not the central focus of the photographs here. On the contrary, the protagonists throughout the photographs seem to be inanimate buildings and streets, configurations of space and locality. These inconspicuous photographs of place, if deprived of their archival provenance and labelling as visual representations of the plague in Hawaii, would not be readily recognisable as photographs of bubonic plague, or indeed medical photographs at all.

Why did the Board of Health members at that time decide to use this kind of visual documentation of the disease? Are these meant to be pictures of the epidemic's environment? Do they display an interest in hygienic urban practices? Are the archives to be understood as a trace of sanitary panic, restless scanning for whatever might be responsible

⁴⁸ See the database for photographs of the Third Plague Pandemic, published at the Library of the University of Cambridge, <https://www.repository.cam.ac.uk/handle/1810/280684> (last visited on 01/08/2019) and the research results of the ERC-project "Visual Representations of the Third Plague Pandemic"

for the occurrence of plague? These broad forms of recordkeeping of plague might certainly be explained with persistent uncertainty about the nature of the disease. Although the causal agent was known to be bacterial, and its identification in the laboratory was possible, not everyone agreed that laboratory tests would be sufficient evidence to declare the presence or absence of plague.⁴⁹ Even if bacteriological modes of diagnosis were used, it did not help to explain the specific modes of the epidemic's distribution, its vectors and the conditions in which the pathogen persisted.

Instead, the photographs ordered by the Board took the shape of an open-ended medical interrogation. By portraying houses, streets and urban landscapes of the plague, the pictures are reminiscent of a practice of medical mapping.⁵⁰ The resulting collection of 'plagued houses' resembles similar collections, made to document the 'plague-scape' of San Francisco, Sydney and Hong Kong. These collections visualised the epidemic's ecology, the material environment that allowed the pathogen to take hold. The photographs left a record of what was assumed by the local medical authorities to be most informative for solving the epidemiological puzzle. The almost complete lack of photographs of patients with plague from Hawaii suggests that it was not the embodied appearance of the disease that was regarded as the key medical question at hand. What was rather of interest to the local medical profession was the relationship between plague and these districts, streets and buildings.

⁴⁹ Lukas Engelmann, "'A Source of Sickness': Photographic Mapping of the Plague in Honolulu in 1900," in *Plague and the City*, ed. Lukas Engelmann, John Henderson, and Christos Lynteris (Routledge, 2018), 149–168.

⁵⁰ Nicholas A. Eckstein, "Florence on Foot: An Eye-Level Mapping of the Early Modern City in Time of Plague," *Renaissance Studies* 30, no. 2 (2016): 273–97, <https://doi.org/10.1111/rest.12144>.

Davey's photographs can compare to early architectural photography.⁵¹ A distinctive element of the photographs in Davey's Honolulu plague series is that they seem to have been taken with the edges of buildings adjusted against skewing, an effect apparent in most pictures from contemporary lightweight pocket cameras. Instead, the architectural style of Davey's pictures suggests he used a large plate camera, in which the perspective contortion could be corrected through the positioning of the plates. Secondly, the use of such cameras resulted in impeccable lighting for each photograph, relying on long exposures that demonstrate the skill of the photographer when he chose to include as much detail in each picture as possible. Such procedures took time and effort, which suggest a strong interest in the meticulous and accurate recording of the subject in front of the lens.

Photographic series' with such a strong intention of documentation and record-keeping were seen to be guided by an aim to set down archives. Kelsey understood the archival style of photographs as paradigmatic for a nineteenth-century 'drive to extract from the world a complete and corresponding record.'⁵² Here, Davey's photographic series maintain a relation to yet another photographic genre, which Kelsey has described as part of the second half of the 19th century in the United States: the survey. Founding a unique pictorial style, Kelsey argues, survey photography fostered a new way of visual experimentation. Series of geological sights became attached to the 'romantic quality' of a new archive, shaped by the unique material and cultural conditions of landscapes, rather than by governmental directives,

⁵¹ Kitty Hauser, *Shadow Sites: Photography, Archaeology, and the British Landscape 1927-1955* (OUP Oxford, 2007).

⁵² Kelsey, *Archive Style*, 24.

norms and rules about how to conduct a survey.⁵³ Davey's pictures also enter the realm of a visual experiment, as they swerve from the documentation of plague's milieu and are instead shaped by the unique aspects of the built environment in Honolulu's Chinatown.

Perhaps most indicative of the affinity between Davey's pictures of plague and extensive geological surveys are the inscriptions mounted on each of the photographs in Honolulu. The numbers correspond to case files, which in turn were linked on the local board of health's decision to burn and destroy houses implicated in the epidemic. Such endeavours were controversial, despite the fact that the board had acquired quasi-dictatorial powers at the time when plague arrived. With the uncertainty of bacteriological diagnostics, there was a mounting pressure on white Americans to call for action and declare affected districts to be 'horribly congested' and 'wretched sanitary condition'.⁵⁴ The only solution appeared to be purging the epidemic with fire, a measure that seemed feasible to the authorities.⁵⁵

To this end, the Board established procedures in which each reported building infected with a plague case or deemed contaminated needed to be inspected. On the basis of the inspection report, the Board would determine if the house was indeed a 'source of filth and a cause of sickness.' They then proceeded to burn the premises on these legal grounds. The photographs of these houses were a direct outcome of the board's decision to 'destroy the

⁵³ Kelsey, 20. On the imminent and systemic failure of survey photography to contribute to the imagined ordering of the world, see the contributions to: Gregg Mitman and Kelley Wilder, *Documenting the World: Film, Photography, and the Scientific Record* (Chicago: University of Chicago Press, 2016).

⁵⁴ cited in: Iwamoto, "The Plague and Fire of 1899 - 1900 in Honolulu," 380.

⁵⁵ Mohr, *Plague and Fire*, 90.

unsanitary structures leaving the matter of damages to be settled later.⁵⁶ From the 1st of January onwards, many houses, structures and private land were declared 'deleterious to the public health'⁵⁷ and then destroyed by fire.

Davey and his photographs played a crucial role in enabling the Board to arrive at these verdicts and act accordingly. They captured uncertainty, which allowed the government to act. The photographs have left visual records of the buildings, which were to be destroyed and the photographs provided a layer of security to the Board and its controversial actions. They were used in the aftermath of the epidemic as evidence, stored in case files, marked with numbers referenced to a map.⁵⁸

Davey's visual survey served two purposes. Firstly, it provided an additional layer of safety to eventual legal fall-outs from the board's drastic action. Secondly, the series of pictures of buildings showed deep-rooted uncertainty about plague, its vectors and its principal mode of transmission. This kind of uncertainty, as Kelsey has argued about the survey genre more general, is not a result of the failure of a photographic survey, but an inherent feature of the unreliability that haunts any attempted production of complete and corresponding records. Intentionally or otherwise, Davey's pictures enabled a government to act in a time of epidemic crisis through an apparently exhaustive visual survey of the uncertainty brought about by the spread of bubonic plague. Non-human, non-sentient elements of the urban environment were

⁵⁶ See files of the Honolulu Board of Health, "Minutes, January 1 1899 – April 31 1900, Volume 8," 1900 1899, 121, 259, State Archive Hawaii.

⁵⁷ Honolulu Board of Health, 138.

⁵⁸ See letter from Ripley, Wilhelm et al. on March 20, 1900, referencing numbers to have been marked on 'photographs of the buildings' in regards to the survey and appraisal services undertaken for the Board of Health, in: Hawaii State Archives, Incoming Letters, Board of Health, 1899 – 1900.

declared sources of filth and causes of sickness; the houses became causal in the epidemic's story, and their destruction became feasible as a common mode of prevention and cure.

Furthermore, the purging of premises with fire was in and of itself driven by an inherent uncertainty about the minute details of the pathogen's capacity to infect more than just human bodies. Discussions at the time circled around rats and other rodents as vectors, about the contagious nature of the human patient, about the soil as a fecund niche for bacteria, and a series of goods and household items susceptible to continuously host the infectious agent. Plague was associated with a plethora of possibly infectious substances, objects and environments.⁵⁹

The medical survey photographs of Honolulu were not taken to capture specific and unique qualities, signs or 'symptoms' recognisable on or around the structures earmarked to be burned. Nor do these pictures show particularly unsanitary conditions, or identify burrows of rats or vermin. Instead, the act of carefully capturing the houses in their original, at times idyllic states with attention to period detail and corrected perspectives served to underline the uncertainty implicated in the relation of the houses to plague. As such, Davey's photographs framed inconspicuous houses as objects of medical interest, but without any secured medical meaning.

To further develop this visualisation of a medically-informed uncertainty, Elizabeth Edward's work on photographs of the British Colonial Office in India in the 19th century is of value. Her detailed analysis of the sorting practices of commissioned photographs of Indian customs sent back to the London office, explains how the failure of producing such visual order was

⁵⁹ Lynteris, *Ethnographic Plague*; Simond, "La Propagation de La Peste," *Annales de l' Institut Pasteur*, no. 62 (1898).

evident already to the clerks at the office's archive. Edward's work draws our attention away from the instrumentality with which photographs were taken to categorise the colonial landscape. Rather, she insists on the imminent failure of these tasks. Instead of constituting an archive of certainty about Indian customs, traits and geography, the photographs return as an archive of 'uncertain knowledge'.⁶⁰

This idea of uncertainty can be richly applied to the Honolulu archive of plague photographs. If we understand the Board of Health's desire to determine the conditions of plague as an expansive information project, and the plague itself as an event that produced instability about the why, where and when of its appearance, distribution and effective containment, these photographs constitute an archive in which such tensions, rather than any information about the disease, are conserved. Davey's series did not provide a concise idea about the aetiology of plague. He only rarely hinted at ideas about measures to take which might contain the epidemic. In fact, the photographs tend to raise further question. The way they picture the plague is by bringing the unknown relations, the unspecified aspects and again the disease's unusualness to the fore.

Davey's experimental survey resembles some of the features described by O'Connor in relation to clinical portraits of the late 19th century. Disease is undeniable and incontrovertible: the act of capturing its signs announces the inevitable loss of the picture's subject. Pathology is, just as in clinical photography, an ontological certainty, which – in absence of its own unique shape – requires the photograph's capacity to treat the captured appearance as a placeholder, a face and as a portrait of the disease itself. Instead of the human face, Davey's series of plague in Honolulu remain true to their subject of houses and the urban landscape. When viewed as medical photography, this series takes illness as its subject, while it renders

⁶⁰ Edwards, "Photographic Uncertainties."

this urban landscape an abstract representation of the disease. Here, similarly to clinical portraits, this relation is bound to an emphasis of uncertainty. Davey's photographs are a telling example for the capacity of medical photography to hold its subject in a state of uncertainty; a state in which the identification of the disease with a person or a landscape is established, while the nature of this relationship remains unresolved.

Archives, and in particular, survey archives are often understood to be created without an emphasis on artistic design. But thinking of medical photography through the lens of archives of uncertainty means we can no longer presuppose that a medical photograph needs to be taken with a strictly clinical intent. Even if the production of a photograph were to be following strict clinical guidelines, it has been well established that the resulting picture never ceases to carry aesthetic principles and that the boundaries between art and medical representation remain blurred.⁶¹ Davey's photographic skills were already known in artistic circles, with their traces of aesthetic routines, characteristic of a professional romantic landscape and royal photographer. But Davey's pictures were ordered by the board of health and attached to the local authority's intentions to arrive at representations of a medical domain and clinical subject. This example of plague challenges the limits of assuming medical photography to be a genre of bodily representation and it suggests careful attention to the condition of the picture's production and collection.

As the following example shows, however, an exclusive focus on issues of production and collection does not always provide a reliable anchor for a historian's approach to medical photography. 80 years after plague entered the United States, another disease would ignite controversy about the representational politics of medical photography. Accusations laid

⁶¹ Schmidt, *Anamorphotische Körper*; Didi-Huberman, *Invention of Hysteria. Charcot and the Photographic Iconography of the Salpetriere*; Suzannah Biernoff, *Portraits of Violence: War and the Aesthetics of Disfigurement* (Ann Arbor, United States: University of Michigan Press, 2017).

against early press images and artistic works depicting AIDS were that photographs of people with AIDS could not escape being medical visualisations, regardless of the professions, conditions and collections associated with a specific photograph.

Picturing Unusualness – Portraits of People with AIDS

Medical photography was highly significant to the visualisation of the emerging epidemic of AIDS in the early 1980s. Amongst the first publications about this puzzling syndrome were photographs. Pictures from the epidemic's first documented year in the US show herpes infections,⁶² previously rare appearances of Kaposi's Sarcoma,⁶³ and other opportunistic infections hosted by patients with severe immunodeficiency. From the epidemic's beginnings, the challenge to the photographer, as well as to the medical establishment, was the absence of signature signs of AIDS. Instead, the condition became visible on the patient's body through the development of so-called opportunistic infections. Each of these infections had known signs, which were not in themselves exceptional, but now appeared in a new milieu. Previous to AIDS, Kaposi's sarcoma was a common cancer in specific populations, but exceptionally rare in the US. At a time when neither the cause nor the extent of the epidemic were clear, traditional clinical photographs of visible signs on bodies of patients were essential instruments to understand the new syndrome and integrate its multiple appearances into pre-existing classifications of medical practice. This entailed a

⁶² Frederick P. Siegal et al., "Severe Acquired Immune Deficiency in Male Homosexuals, Manifested by Chronic Perianal Ulcerative Herpes Simplex Lesions," *The New England Journal of Medicine* 305 (1981): 1439–44.

⁶³ David T. Durack, "Opportunistic Infections and Kaposi's Sarcoma in Homosexual Men," *The New England Journal of Medicine* 305, no. December (1981): 1465–67.

rearrangement of understandings about the rare and unusual diseases now associated with AIDS.⁶⁴

Parallel to the development of an institutional medical photographic record of the epidemic, photographs had deepening significance in the public sphere to document the development of the disease. In his detailed analysis of the wide photojournalistic coverage of the epidemic between 1981 and 2007, David Campbell mapped a shifting visual economy of AIDS.⁶⁵ Journalistic framings in the first half of the epidemic were most concerned with capturing the disease in pictures of patients, Campbell argues, which focused on symptoms of diseases such as Kaposi's sarcoma, and medical signs, such as emaciation or skin discoloration. Close-up photographs that zoomed onto the face of a person with AIDS, even if they refrained from showing signs of disease and illness, became recognisable representations of the epidemic through the contexts in which they were printed and published. Circulating portraits of people with AIDS tended, as Bethany Ogdon argues, to 'facify' the disease rather than to show personal details about the individual, such as his or her immediate social context or biographical experiences.⁶⁶ Echoing O'Connor's argument about the replacement of an individual person with a portrait of the disease, the trail of journalistic photographs of people with AIDS presented the epidemic to the public as a medicalised issue, regardless of the journal or outlet in which they appeared, whether a newspaper, TV-program, journal or gallery.

⁶⁴ Lukas Engelmann, "Photographing AIDS. Capturing AIDS in Pictures of People with AIDS," *Bulletin of the History of Medicine* 90, no. 2 (2016): 250–78; Engelmann, *Mapping AIDS*.

⁶⁵ Campbell, *The Visual Economy of HIV/AIDS*.

⁶⁶ Ogdon, "Through the Image: Nicholas Nixon's 'People with AIDS.'"

'These photographs were not concerned with humanising AIDS,' Jan Zita Grover wrote in 1992, 'they were made to identify AIDS's signs and symptoms for purpose of surveillance, diagnosis and treatment.'⁶⁷ The result was, Grover argued, that AIDS was publicly represented mostly through medicalised terms. Simon Watney argued that clinical portraits visualised AIDS as a discrete illness, rather than a conceptual diagnostic category. The pervasive circulation of such images and motifs beyond medical institutions contributed to stigmatisation and isolation of people with AIDS.⁶⁸ In the eyes of many critics, as a medical style of photography leaked into the public sphere, its adaptation into journalistic and artistic visions of AIDS was complicit in framing the person with AIDS as a risk to public health. This in turn encouraged stereotypical views of the syndrome's link with male homosexuality, increasing isolation of those struggling with the fatal illness. Photographs such as those published in the *New York Times* between 1981 and 1990 tended to 'equate homosexuality with promiscuity, risk-taking, AIDS, and the danger of infection', as Sophie Junge summarises. This sentiment characterised the vast majority of photographic journalism on AIDS in the first decade.⁶⁹

A critical division needs to be made here between journalistic and artistic or activist portrayals of people with AIDS. While medical signs and symptoms might have been a focus of media outlets, artists and AIDS prevention campaigns 'explicitly refrained from using images of the

⁶⁷ Jan Zita Grover, "Visible Lesions: Images of PWA in America," in *Fluid Exchanges: Artists and Critics in the AIDS Crisis*, ed. James L. Miller (Toronto: University of Toronto Press, 1992), 24.

⁶⁸ Simon Watney, "Photography and AIDS," in *The Critical Image: Essays on Contemporary Photography*, ed. Carol Squiers (Seattle: Bay Press, 1990), 178 f.

⁶⁹ Sophie Junge, *Art about AIDS, Nan Goldin's Exhibition Witnesses: Against Our Vanishing* (Berlin: De Gruyter, 2016), 197, <https://doi.org/10.1515/9783110453072>.

bodily ailment of people with AIDS.⁷⁰ Where media and photo-journalism implicitly contributed to the visual assemblage of the emerging epidemic through pathologised visions of homosexuality, artist communities on the other hand curated exhibitions in the late 1980s which aimed to define an alternative and critical vision of what the epidemic meant. Exhibitions sought to present community over isolation, reflection over blame and affection with intimacy over stigma and rejection. Projects such as Nan Goldin's exhibition 'Witnesses' in New York, discussed by Junge, rejected representations of guilt and infantilisation, aiming instead to strengthen the notion of collectivity in critical reflection of the desexualised body with AIDS.⁷¹

However, not all artistic expressions followed the same conscience agenda to modify a medicalised vision of the epidemic. Over the epidemic's first five years, the pivotal controversy about medicalised visions in artistic photography of AIDS developed with a focus on Nicholas Nixon's photographs of people, such as the portrait of Tom Moran in Figure 3.

⁷⁰ Junge, 181.

⁷¹ Junge, 215.



Figure 3 Nixon, *Photograph of Tom Moran*, New York c 1986, Courtesy of the Artist.

On September 15th 1988, Nixon opened an exhibition at the New York Museum of Modern Art (MoMa), entitled *Pictures of People*. Among the portraits was a series of images of people dying from AIDS: volunteers who had answered Nixon's advertisement in the Boston AIDS Action Committee newsletter from 1987. Intent on bringing individual suffering to the fore, Nixon's aesthetic leaves a moving impression of the hopelessness AIDS inflicted at that time, which had hitherto remained out of sight to the majority of the American public. Nixon's motivations were liberal and humanitarian, but his exhibition and the controversy that ensued show the complexities of his perhaps naïve endeavour to 'give AIDS a face.'⁷² Nixon had used a professional camera, worked with long exposure time, and his photographs of Moran and other persons with AIDS were taken in contrast-rich black and white. The effect of long exposure – comparable to Davey's portraits of plague-ridden houses - stress the effect of isolation and dissolution: The shadows of emaciation emphasised Moran's hollow cheek

⁷² Nicholas Nixon and Bebe Nixon, *People with AIDS* (New York: David R. Godine, 1991).

bones, they arrested the gaze on the minute particularities of the body, depicted as a body of AIDS.⁷³

While Nixon's photographs were praised by the media, art critics and politicians at the time, AIDS activists staged a protest at the exhibition's opening. Cultural critic Douglas Crimp argued that the photographs decontextualised the persons suffering from AIDS, isolated them, and thus catalysed fear of AIDS and those who carried the virus. To Crimp, the exploitation of isolated and individualised personal experiences of AIDS for public spectacle was bound to extermination of a public, social, cultural and political responsibility for the epidemic crisis. 'The privacy of the people portrayed is both brutally invaded and brutally maintained,' he concluded. In Crimp's view, these photographs should be understood as 'phobic images, images of the terror at imagining the person with AIDS as still sexual.'⁷⁴ Rejecting the aesthetics of Nixon's photographs, Crimp arrives at a critique almost identical to the one O'Conner made more generally regarding the clinical portrait: the person with AIDS becomes not only the face of the disease, but also a powerless patient, nothing more than a sign of the disease itself.

'The construction of the image of the patient,' Sander Gilman wrote in 1988 reflecting on such photographs of AIDS, 'is thus always a playing out of this desire for a demarcation between ourselves and the chaos represented in culture by disease.'⁷⁵ In the mid-1980s, photographs of people with AIDS were foundational to ongoing debates about how the epidemic was to be perceived, how the problematic history of the medical politics of lifestyle

⁷³ Junge, *Art about AIDS*, 214.

⁷⁴ Douglas Crimp, "Portraits of People with AIDS," in *Melancholia and Moralism. Essays on AIDS and Queer Politics* (Cambridge, Mass: MIT Press, 2002), 83–107.

⁷⁵ Gilman, "AIDS and Syphilis: The Iconography of Disease."

were to be reconciled, and how a person with AIDS was imagined. Broadly defined as the visualisation of disease rather than an individual illness experience, this gaze was blamed for structuring the predominant visual regime of AIDS photography at that time. The professional practice of medical photography was in turn thought to be the origin of a new way of seeing disease in which personal crisis, social struggle and political unrest remained persistently unseen.

To acknowledge this case and the critique raised against journalistic and artistic photographs of people with AIDS, poses a second challenge to any traditional understandings of medical photography. The medically motivated production of photographs – the clinical photography unit or a photographer hired by a local Board of Health – is not a necessary condition to define a distinct genre of medical photography. In the history of AIDS, photographs have been interpreted as ‘medical’ due to discrete aesthetic qualities, which at times follow closely on the heels of those from traditional clinical portraiture. But in cases such as Nixon’s series, it is a realm of effects and conditions in which the photographs seem to have lost the purpose and values by which their production was governed. Instead, critique and protest were raised because the pictures seemed to have acquired a medical quality. To some extent, the picture’s representation of a person with AIDS was medicalised after the picture was taken.

The example of medical photography in the AIDS crisis encourages us to move the context in which photographs are produced to the side. Pictures of people with AIDS prompt focus on the problems that photographs were intended to address, and to conceive of medical photography as a mode of problematisation. Alex Preda’s study on medical discourses of AIDS adds a useful angle to this approach. Preda looked at the early formation of scientific knowledge around the AIDS epidemic by analysing rhetoric in medical journals and

publications.⁷⁶ His attention to metaphors, narratives, and classifications in the first years illuminated how the rules of seeing AIDS were formed. He argued that the challenge of AIDS was one of reorganising medical classes, shifting the habitat of well-known and well-classified diseases such as KS and the lung infection PCP.⁷⁷

Preda's analysis of rhetorical devices assumes that the *unusualness* of well-known diseases and infections appearing in non-characteristic social groups was a crucial condition for researchers to write about the new syndrome. In the case of KS before AIDS, the rare skin cancer used to be associated with predominantly old males from various geographic regions in eastern regions and throughout the African continent. In the early 1980s, KS resurfaced in very 'unusual,' 'rare' and 'uncommon' ways⁷⁸. This rhetoric of the disease's unusualness served to distinguish KS of the past from a new kind of KS, which needed a new classification as it belonged to a new kind of disease. Preda argues that the new rules of seeing KS in its modern milieu were achieved by casting homosexual men as the predominant risk group.

Crucial to Preda's argument is the rhetorical establishment of homosexual men as a fundamental condition, a background of sorts, which allowed physicians to see KS as a symptom of a new syndrome and to establish a recognition of AIDS-related-KS as the 'usual unusual.' The new framing of KS was bound to the social categories of the patients in whom it appeared and to establish KS as the index-marker for what would later be known as AIDS. This visible background of the sub-population was necessary to make the new disease visible in the foreground.

⁷⁶ Alex Preda, *AIDS, Rhetoric, and Medical Knowledge* (Cambridg, UK: Cambridge University Press, 2005).

⁷⁷ Ibid., 46.

⁷⁸ Ibid., 56.

One could extend Preda's argument to the wider context of AIDS photographs, which despite their different intention, became medical, or were accused of sustaining a medical gaze. The medical discourse attempted to establish a vision of disease categories and classes through these visualisations of an unusual milieu. On the other hand, journalistic and artistic visualisation attempted to rescue the framing of personhood and identity from the notion of unusualness. In a logical reversal, the medical framing was drawn to see the usual disease on an unusual kind of body. In opposition, the activist's critique emphasised the usualness or normality of the homosexual body to salvage it from the unusual appearance of disease and illness.

Medical photography works in AIDS history as a mode of sustaining the notion of unusualness. Rather than defining a disease or classifying an epidemic through portraits of discrete symptoms, the photographs of Nixon and other artists, as well as of professional clinical photographers, interrogated the undefined and controversial relationship between the kind of person in front of the lens and the disease they carried.⁷⁹ Given the high stakes of investing in the definition of a relationship between the emerging epidemic and vulnerable social groups, the photographic representation of AIDS became assailable to critique. But, as this case study suggests, the problem was not that every photograph of a person with AIDS insisted on an identification of homosexuality and AIDS, but that within the visual space of the picture the line between identity and morphology, between personhood and disease, remained blurred. As pictures of AIDS, photographs sustained the unusualness of the way in which the syndrome appeared, irrespective of production and circulation in art, journalism, or the clinic.

⁷⁹ For an extensive analysis of the medical photographs of AIDS, see Chapter 2 in: Engelmann, *Mapping AIDS*.

Rethinking Medical Photography

The two examples of photographs of plague and AIDS at the centre of this paper would slip through most accounts of the history of medical photography. The pictures of plague in Honolulu lack persons identifiable as patients with characteristic symptoms. Davey's series on closer examination come to the historian's eyes as medical photographs not through their contents, but through their archival provenance. The pictures have been preserved as representations of the 1900 outbreak of plague, and it is the archival trace of their manufacture that attracts historical interest. Analysis of the pictures does not serve to reinstate a sanitary state order or establish a thorough analysis of the epidemic's ecology, but the series' prevailing contribution remains a mapping of the uncertainty that accompanied the appearance of plague on the Pacific island. These pictures, which are not identifiable as medical photographs purely through their visual contents, comprise an archive that records and sustains the notion of uncertainty. This uncertainty was valuable in a scientific climate that lacked explanatory frameworks to rationalise the outbreak of plague in Honolulu. Uncertainty marked the contemporary struggle of defining how exactly bacteria infected the houses of Honolulu which were consequently burned down. The series of photographs remains as an archive of uncertainty.

AIDS left us with pictures, which are recognisably medical photographs despite their non-medical origins. In the 1980s, artistic representations of people with AIDS sought to escape the fatalism of clinical photography, to avoid images of isolated victimhood. Instead, they arrived at visualisations of the epidemic that maintained the political stakes and exemplified the dignity of those resisting the stigma of AIDS and homosexuality. Medical photography acquired significance far beyond the production of clinical pictures in hospitals. The genre

became identified with a mode of visualisation that sought a relationship between homosexual lifestyle and the disease, without explicitly defining the way this relationship was considered. In other words, medical photography was useful to capture the unusualness of the syndrome's appearance within a subpopulation, without drawing causal conclusions. This configuration allowed epidemiologists to argue about the syndrome's causes and speculate about correlations between the emerging epidemic and its most prominent population. But this replacement of the picture of the disease with portraits of its patients also laid the genre vulnerable to prevailing stereotypes. The photographs of people with AIDS crafted a visual regime in which those at risk were identified and separated from those who understood themselves to be immune.⁸⁰

Archives of uncertainty and portraits of unusualness: both qualities bring us a step closer to approach the history of medical photography at a more meaningful level than just the visible content of pictures or the professional insignia of the photographer. O'Connor's argument about the 'absent presence' of diseases in clinical portraits can be extended to consider the ways in which medical photography produce registers of the infractions of norms and conventions, rather than of the patient and of medical intention. The two photographs share the loss of a normal state as their implicit subject. Whether the pictures show built environments or personal suffering, they point to the deviation of their content from what could be considered 'normal and healthy' in a specified context. The photographs do not deliver a definitive diagnosis, but nevertheless signal to the reader – or observer - the presence of an unusual occurrence.

In the historiography of photography, both authorship and aesthetic conventions have long been dismissed as stable anchors of a photograph's meaning. The field has moved to

⁸⁰ Gilman, "AIDS and Syphilis: The Iconography of Disease."

prioritise questions of use and practices of framing to emphasise the multiplicity of investments through which photographs become meaningful. In many ways, medical photographs with their characteristic indeterminacy between science and art, patient and disease, normal and pathological take on a paradigmatic position in this approach. However, stopping short of declaring medical photography to be an indeterminate medium that shifts in and out of functions and purposes, this paper aims to reframe the question of what separates a medical photograph from photography at large in the work of historians.

With the example of the two reluctant medical photographs above, I suggest a conceptual analogy with Rheinberger's 'experimental system'. Rheinberger turned to his descriptions of experimental systems in the life sciences to understand how new things, new objects and new understandings emerge into the world. Medical photography is also a technology through which uncertainty is not resolved, but rather sustained. Rheinberger describes 'systems of manipulation designed to give unknown answers to questions that the experimenters themselves are not yet able clearly to ask.'⁸¹ Rather than delivering a predetermined object that researchers have already discovered and defined, the nature of these experimental configurations is loose enough to allow unforeseen results to appear. Experimental systems can be understood, Rheinberger suggests, as 'vehicles for materialising questions.'⁸² To read medical photography as an experimental system, set up to materialise questions about diseases, rather than recording diseases' representations or sorting them into classes, allows a widening of the genre's domain into a historically grown practice of picturing the unusual.

⁸¹ Hans-Jörg Rheinberger, *Toward a History of Epistemic Things: Synthesizing Proteins in the Test Tube* (Stanford: Stanford University Press, 1997).

⁸² Rheinberger, "Experimental Systems," 28.

Finally then, thinking about medical photography as an experimental system allows us to place photography firmly within processes of normalisation and pathologisation. This approach removes the genre from the expected appearance of identifiable signs on the surfaces of bodies. It certainly questions whether the presence of recognisable symptoms is indeed a requisite attribute of medical photography. Instead of seeing photography as a practice of standardisation, the examples from plague and AIDS show medical photography to be a highly contextualised practice, in which the process of photographing contributes to rendering a body or a street as unusual; a process in which a value is ascribed rather than an index sign identified. It is a practice that renders objects and bodies uncertain, and thus crafts the conditions under which the investigation of a pathology can commence. With reference to Canguilhem, we can think of this photography as a practice of medical problematisation. As the health of both the body with AIDS and the alleyway housing plague is gone, capturing these moments in pictures mark the loss of their innocence. Medical photography might be best understood as a register that indicates the absence of health in these scenes or individuals to provide conditions under which 'knowledge may be possible.'⁸³

With pictures of plague and AIDS, we see how photography has since its invention challenged the idea that there might be a clear line between health and pathology. Simplistic categories of normalcy and disease fade and in their place appear liminal qualities, notions of unresolved uncertainty and unusualness. The photographs show a capacity to document that which is not, or not yet known, classified and ordered. In photographs, a disease does not just appear as an isolated clinical sign, a recognisable pattern, but almost always persists as a poorly differentiated situation of life itself.

⁸³ Canguilhem, *On the Normal and the Pathological*, 52.

Medical photographs should be understood as an experimental system in which the process of separation, the strategies of isolation and the methods of visualisation of a disease can be seen, rather than the disease itself. Consequently, this invites further analysis of photographs in medical history that deny the exercise of tight control over categories, classes and genres of diseases. This challenge to diagnostic authority is a rationale for extending the historical framework in which medical photography is expected, discussed and archived. Finally, it is an invitation to look more closely at how medical photography persistently has failed to become a technology of medical science, seeking to identify the nature of disease itself.